

Exhibit A

UNITED STATES DISTRICT COURT
DISTRICT OF ARIZONA

In Re Bard IVC Filters Products
5 Liability Litigation

6 NO. MD-15-02641-PHX-DGC

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DO NOT DISCLOSE - SUBJECT TO FURTHER
CONFIDENTIALITY REVIEW

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VIDEOTAPED DEPOSITION OF DAVID HENRY, M.D.

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TAKEN AT: Leib Knott Gaynor

3 LOCATED AT: 219 North Milwaukee Street
Milwaukee, WI

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April 6, 2017

10:07 a.m. to 12:28 p.m.

.6 REPORTED BY ANITA K. FOSS

REGISTERED PROFESSIONAL REPORTER

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1 in addition to the medication?

2 A. Well, we're not always certain how the
3 body will react to blood thinning medication. And
4 if the patient has a pattern of -- of getting
5 clots, there's concern that one more clot could --
6 could be devastating. You err on the side of
7 caution, and you want to make sure that somehow the
8 patient is protected. And henceforth the notion of
9 a filter would serve that purpose.

10 Q. Somewhat of a belt-and-suspenders
11 approach here with the medicine and the filter?

12 A. Yes.

13 Q. Getting to the type of filter and your
14 discussions with the patient. Did you have any
15 plan or follow-up that you implemented at the time
16 you saw Ms. Hyde for her to return so that she
17 could be evaluated for removal of the filter?

18 A. Yes. I said to her -- or I may have
19 said; I don't recall specifically speaking to
20 her -- but in the patients that I put temporary
21 filters in, I usually say to them, depending upon
22 how you do over the interim and many other factors,
23 that there's the potential that this filter could
24 be permanent or be temporary.

25 Q. It could be either?

1 the FDA?

2 A. I don't know.

3 Q. So with respect to how rigorous a process
4 that is, you don't know what that would be;
5 correct?

6 A. Correct.

7 Q. When you -- when you placed the filter in
8 Mrs. Hyde, did you yourself have any expectation of
9 whether that filter would definitely be permanent
10 or whether it might be retrieved at some point?

11 A. I would say that the patient's health
12 care is a dynamic thing, and a patient that's had a
13 couple of episodes of clots and pulmonary emboli,
14 that the decision about whether it should stay or
15 be retrieved, it's hard to speculate whether and
16 under what circumstances that the filter may no
17 longer be necessary.

18 And it's hard to prejudge the
19 situation, and so I can't speculate. But now that
20 I understand the record -- and I don't know what's
21 happened with this patient, but I think it would be
22 reasonable to get a hematologist or somebody else
23 stating that it's no longer needed rather than me
24 try to speculate on whether it was or wasn't.

25 Q. Is it fair to say then that at the time

1 that you implanted her filter and selected the G2X,
2 a retrievable filter, that one of the benefits you
3 considered in placing the G2X filter was the fact
4 that it did have the option to be retrieved?

5 A. Yes. Yes, definitely. When -- when
6 she's kind of cleared of her risk -- and that's a
7 difficult decision; I assume that's made up by
8 other subspecialties -- then it could potentially
9 be retrieved. But I would probably wait for them
10 to consult me before I would take it out without
11 their -- without their opinion or without their
12 knowing.

13 Q. Right. And to your point, the decision
14 to leave the filter or retrieve the filter is a
15 fairly complex decision -- decision tree, if you
16 will, that takes into consideration a lot of things
17 about the patient; correct?

18 A. It's extremely dynamic, yes. You phrased
19 that well.

20 Q. All right. What has your general
21 experience been with the Bard G2X filter in your
22 own clinical practice?

23 MR. SAELTZER: Objection, vague, lacks
24 foundation.

25 MR. LEIB: I'm okay with it as long as